

Holmes P. Harden, Trustee for IHI  
P.O. Box 536  
Benson, NC 27504

FILED

NOV 13 2007

PEGGY B. DEANS, CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF N.C.

Claim No.: 013  
Amount: \$3,387.82

0001 0004597 00000000 001 001 04597 INS: 0 0

HARMANJIT S. SANGHA  
12234-75 A AVE.  
SURREY, BC V3W0K7

MY NEW ADDRESS  
HARMANJIT S. SANGHA  
7345-122A STREET  
SURREY BC.  
V3W 3T2

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
RALEIGH DIVISION

IN RE:  
INTERNATIONAL HERITAGE, INC.  
Debtor.

CASE NO: 98-02675-5-ATS

CHAPTER 7

## NOTICE OF OBJECTION TO CLAIM

NOTICE IS HEREBY GIVEN of the Trustee's Objection to Claim filed with the court on October 26, 2007 pursuant to which the trustee objects to one or more proofs of claim filed by you in the above-captioned case.

NOTICE IS FURTHER GIVEN THAT the specific basis of the Trustee's objection to your claim is as follows: The legal basis for your claim is unclear and/or there is no documentation attached to your claim or the attached documentation does not substantiate the amount claimed. Trustee requests denial of claim.

You should read this objection carefully and discuss it with your attorney if you have one. ANY CORRESPONDENCE MUST BE IN WRITING. Your claim may be reduced, modified, or disallowed in its entirety if the bankruptcy court sustains the trustee's objections.

NOTICE IS FURTHER GIVEN that if no response to the trustee's objection explaining your position and requesting a hearing is filed in writing with the CLERK, U.S. BANKRUPTCY COURT, P. O. BOX 1441, RALEIGH, NORTH CAROLINA 27602-1441 with a copy to Holmes P. Harden, Trustee for IHI at P. O. Box 536, Benson, NC 27504 within 30 days of the date of this notice, the relief requested by the Trustee may be granted without hearing or further notice. If a hearing is requested such hearing will be held on November 29, 2007 at 1:00 p.m. at the United States Bankruptcy Courthouse and Post Office Building, Room 208, 300 Fayetteville Street Mall, Raleigh, North Carolina. Any party requesting a hearing shall attend said hearing in support of such request or (s)he may be assessed with costs.

Dated: October 26, 2007

BY: /s/ Holmes P. Harden  
Holmes P. Harden, Trustee





STATEMENT DATE  
DATE DU RELEVÉ  
**05.08.98**  
M/M D/J Y/A

CENTRE VISA CENTRE  
**PO/CP 4058, STN/SUCC A,  
TORONTO, ON M5W 1L8**

FOR STATEMENT INQUIRIES-  
PLEASE CALL  
**(604)734-6121**

ACCOUNT NUMBER  
NUMÉRO DE COMPTE  
**4503 352 345 945**

▲ POUR DE PLUS AMPLES DÉTAILS  
CONCERNANT LE RELEVÉ  
VEUILLEZ TÉLÉPHONER AU

DATE MTH/DAY MOIS/JOUR	REFERENCE NO. RÉFÉRENCE N°	PARTICULARS DÉTAILS	AMOUNT MONTANT
0423	01 0427	INTERNATIONAL HERITAGE	1462.86
	2400870	1000.20 US DOLLAR EU @ 1.462567	5969
0505	02 800507	VISIONS SURREY	192.61

RECEIVE A 5% REBATE ON ELIGIBLE TRAVEL EXPENSES WHEN YOU  
BOOK YOUR TRAVEL THROUGH THE CIBC VISA TRAVEL SERVICE.  
CALL 1 800 263-6300 TODAY FOR FULL DETAILS, AND ASSISTANCE  
ON ALL YOUR TRAVEL NEEDS.



<b>CREDIT LIMIT</b> <b>2000</b>	<b>BALANCE</b> ON LAST STATEMENT	<b>TOTAL CREDITS</b>	<b>TOTAL DEBITS</b> <b>1655.47</b>	<b>TOTAL INTEREST</b>	<b>YOUR NEW BALANCE</b> <b>1655.47</b>
<b>LIMITE DE CRÉDIT</b>	<b>SOLDE DU</b> RELEVÉ PRÉCÉDENT	<b>TOTAL DES CRÉDITS</b>	<b>TOTAL DES DÉBITS</b>	<b>TOTAL DES INTÉRÊTS</b>	<b>VOTRE NOUVEAU SOLDE</b>
<b>ANNUAL</b> INTEREST RATE <b>16.500%</b>	<b>DAILY</b> INTEREST RATE <b>0.04520%</b>	<b>PAYMENT DUE DATE</b> MONTH DAY YEAR <b>05.29.98</b>	<b>PAST DUE</b>	<b>CURRENT DUE</b> <b>82.00</b>	<b>MINIMUM PAYMENT DUE</b> <b>82.00</b>
<b>TAUX D'INTÉRÊT</b> ANNUEL	<b>TAUX D'INTÉRÊT</b> QUOTIDIEN	<b>MOIS JOUR ANNÉE</b> DATE D'ÉCHÉANCE DU VERSEMENT	<b>ARRÉRAGES</b>	<b>DÙ POUR MOIS COURANT</b>	<b>VERSEMENT MINIMUM ÉCHU</b>

CX 103 BIL-96/11

▲  
OPTIONS



**Bank of Montreal**  
FirstHome® Program

Last statement	Card number	This statement	Payment due by	Page
05FEB1998	5191 2300 3767 5064	05MAY1998	28MAY1998	1 of

Trans. date M D	Posting date M D	Ref. no.	Description	Amount
			CARD NO: 5191 2300 3767 5064	
04/23	04/24	1	17US1,322.00@1.456100INTERNATIONAL H NC	1,924.96
05/05	05/05	2	FIRSTHOME \$'S	96CR
			AS A PREFERRED MASTERCARD CARDHOLDER WE HAVE INCREASED YOUR CREDIT LIMIT TO ACCOMMODATE FUTURE PURCHASING NEEDS. YOUR NEW CREDIT LIMIT IS SHOWN ON THIS STATEMENT.	
			BMO MASTERCARD NOW PROVIDES SELF-SERVE OPTIONS ON OUR INTERNET SITE. ACCESS THE SITE AT WWW.BMO.COM/MASTERCARD. TO CHECK YOUR ACCOUNT BALANCE, REVIEW RECENT TRANSACTIONS, VIEW STATEMENTS AND MORE!	
			1924.96 MasterCard 1462.86 VISA CIBC <u>3387.82 TOTAL</u>	

Previous balance	0.00
Purchases	1,924.96
Cash advances	
Interest	
Fees	
Debit adjustments	
Other	
Payments	
Credit adjustments	
Other	
New balance \$	1,924.96
Amount past due	0.00
Minimum payment	57.00
Credit limit	2,000.00
Credit available	75.04

Paid \$ 924.96

Registered trademark of Bank of Montreal  
**FirstHome® Dollars Summary**

Opening balance	83
Deposits/ Adjustments	96CF
Withdrawals	
Closing balance	179

**Interest information** Interest charges posted on this statement are for transactions appearing on:

	Current statement	Last month's statement	Previous statements	Total interest charge	Interest rate next period	
					Annual %	Daily
Cash advances	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	18.40000	0.05041
Purchases and other	0.00	0.00	0.00	0.00	18.40000	0.05041

Please address any written enquiries to:

MASTERCARD P.O.BOX 4090, STATION A  
TORONTO ON M5W2G8

Please report any items shown which do not agree with your records within 30 days.  
Tear off here and return bottom portion with your payment.

Toll-free calls  
Canada & U.S.A.

1-800-361-3361 - stolen cards - (800) 361-3361  
1-800-263-2263 - Enquiries - (604) 421-2211  
Telephone Device for the Deaf - (604) 665-7111

Lost or

Local calls

ANY AND ALL ATTACHMENTS MUST BE ON 8 1/2" x 11" PAPER

FORM B10 (Official Form 10)(4/98)

## PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINAName of Debtor  
INTERNATIONAL HERITAGE, INC.Case Number:  
98-02675-5-ATS**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

98-02675-5-ATS

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
HARMANJIT S. SANGHA  
Name and Address where notices should be sent:HARMANJIT S. SANGHA  
12234-75 A Ave.  
Surrey BC V3W0K77345-122A STREET  
SURREY BC  
V3W 3T2

Telephone Number: 604-572-7840

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☒ Check box if you have never received any notices from the bankruptcy court in this case.
- ☒ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods Sold
- ☐ Services Performed
- ☐ Money Loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid Compensation for Services Performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

## 2. Date debt was incurred:

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 1,950\* of deposits toward purchase, lease, or rental of property services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Harmanjit Singh Sangha

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

NOTE TO ALL CREDITORS IN CONVERTED CASES ONLY:  
DO NOT FILE A CLAIM IF YOU FILED A CLAIM UNDER THE PREVIOUS CHAPTER